

If you have a Child Support Order and want to request
Enforcement Assistance from our office,
PLEASE FOLLOW THESE STEPS:

You Must Complete the Attached Application:

NO EXCEPTIONS

- Bring Child's Birth Certificate
- Make sure that all of the information is completed as this will expedite the processing of your application. ***Incomplete Applications will be returned.***
- You must provide copies of **ALL COURT ORDERS**, including: Property Settlement Agreement, Divorce Decree and any Modifications pertaining to Child Support.
- You must bring copies of your most recent W-2's and your last five (5) paycheck stubs.
- You must bring in a \$25.00 money order made payable to the State of Indiana. Cash nor personal check will be accepted. If your child is receiving Medicaid or Hoosier Healthwise benefits our office will need you to bring in a copy of the card(s) so that the \$25.00 fee can be waived.
- If we need to make copies of any of your documents there will be a charge of \$0.25 per page.
- Please verify your address with the Clerk's Office to ensure that your information is up to date. ***This is your responsibility, the IV-D Office does not have access to change your address.***
- Our Office has a very large case load and your patience is appreciated.
- You may return this completed application and all required documentation to our office Monday-Friday from 8:00 a.m. – 4:00 p.m.

If you have any questions please feel free to contact our office

Office of Rodney J. Cummings (000-66)
Madison County Prosecutor's Office
Child Support Division
16 E. 9th Street, Box 6 Anderson, IN 46016
Telephone: (765)641-9609
Facsimile: (765)648-1366



Office of the
Madison County Prosecutor
Child Support Division
Madison County Government Center
16 E. 9th St. - Box 6
Anderson, IN 46016

Telephone (765) 641-9609
Fax (765) 648-1366

**RODNEY J.
CUMMINGS**
Prosecuting Attorney

Stephen Koester
Chief Deputy

WILLIAM C. DAVISSON
IV-D Deputy Prosecutor

INTAKE APPLICATION PACKET

Attached is an application for Child Support Services along with instructions and program information. This packet provides an explanation of the services provided by the Child Support Division of the Madison County Prosecuting Attorney's Office. This packet includes the following:

- A description of the services provided by the Child Support Division.
- An application for services.
- A description of the Applicant's responsibilities.
- Miscellaneous information sheet.
- A Direct Payment Summary and Affidavit.
- Title IV-D definition and Advisement
- Information about Interstate cases

Please make sure that the application is filled out completely, including names, social security numbers and birth dates, as incomplete applications will be returned.

If any child support payments have been paid to you directly you are required to provide a complete summary of these payments including dates and amounts. You will also be required to fill out the Direct Payment Affidavit that is included in this packet so that it may be filed with the Court.

There is a one-time fee of \$25.00 for our services. If you are a TANF or Medicaid recipient you are not required to pay this one-time fee; however, you are required to provide our office with a copy of your Medicaid card upon submitting your completed application packet.



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R12 / 1-14) / CSB 425A
Approved by State Board of Accounts, 2014

PRIVACY STATEMENT

*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.
2. If multiple other parents, complete one application for each.

NOTICE (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Service Only. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, nor matters other than those associated with the support of dependent children. All support payments must be directed to the State of Indiana for disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition, the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for tax refund offset nor that tax refund monies will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unreimbursed public assistance on any former or current TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

PARENT LOCATOR SERVICE ONLY: The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.

TERMINATION OF SERVICES: The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address; supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.

APPLICANT'S AFFIRMATION

I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and providing false information could result in perjury charges being filed against me. I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE**.

I hereby request the following service under the terms outlined above:

☐ Complete Service ☐ Parent Locator Service Only

Type of Services Requested:

☐ Paternity Establishment ☐ Support Establishment ☐ Support Modification ☐ Establishment/Enforcement Health Insurance

Signature of applicant

Date signed (month, day, year)

Application taken by:

Fee paid
\$

Case number

FOR OFFICIAL USE ONLY:

Case Type

Assigned County of Ownership

Special Handling

☐ Applicant

☐ Other Parent

Notes/Description

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)

Part of State Form 34882 (R11 / 12-13) / CSB 425A

Is Applicant under age of eighteen (18)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, Guardian must also complete the "Applicant Guardian Data" section.</i>	
APPLICANT DATA			
Full name of applicant (last, first and middle initial)		Relationship to dependents on this application (e.g. mother, father, other)	
Alias		Maiden	
Previous		Nickname	
Date of birth (month, day, year)	Gender	Race	Social Security number* / ITIN
		Alien Identification number	
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide.)		Primary language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify.)		Specify assistance here (i.e. Physical, Hearing Impaired, Other)	
Address of applicant (number and street, rural route number, apartment, or room number, city, state, and ZIP code)			
My mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (If different, print below including COUNTY.)			
Mailing address of applicant (number and street, rural route number, apartment, or room number, city, state, and ZIP code - please include County)			
Telephone number (home) ()	Telephone number (work) ()	Telephone number (mobile/other) ()	E-mail address
Preferred Method of Contact: <input type="checkbox"/> Personal E-mail/Work/Other E-mail <input type="checkbox"/> Mobile telephone number <input type="checkbox"/> Home telephone number <input type="checkbox"/> Work telephone number <input type="checkbox"/> Mail			
Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date filed (month, day, year)
		City and state filed	
Are you party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following boxes.)		County of court order	State of court order
Cause number	Date of court order (month, day, year)	Covered individuals	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Name of employer	
Address of employer (number and street, rural route number, apartment, or room number, city, state, and ZIP code)			
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired		List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)	
Have you previously received Child Support Services from another state or county for the listed Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)			
County and State where services were previously received.		Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you requesting child support services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the expected due date? (month, day, year)	
Are you or any listed Dependents currently receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital status of applicant to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorce pending <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated			
Date of marriage (month, day, year)	Location of marriage (county and state)		
Date divorce filed (month, day, year)	Location of divorce filing (county and state)		
Date of divorce (month, day, year)	Location of divorce (county and state)		
Date legally separated (month, day, year)	Date separated (month, day, year)	Location of separation filing (county and state)	

APPLICANT GUARDIAN DATA			
Guardian name of applicant (first, middle, last and suffix)		Relationship to dependents on this application (e.g. mother, father, other)	
Guardian address (number and street, rural route number, apartment. or room number, city, state, and ZIP code)			
Country (If outside of US, complete the following box.)		International code	
Guardian mailing address is: <input type="checkbox"/> Same as applicant above <input type="checkbox"/> Same as above <input type="checkbox"/> Different (If different, print below.)			
Guardian address (number and street, rural route number, apartment. or room number, city, state and ZIP code)			
Country (If outside of US, complete the following box)		International code	
Telephone number (home) ()	Telephone number (work) ()	Telephone number (mobile/other) ()	E-mail address

DEPENDENT INFORMATION			
Last name		First name	
Suffix		Middle name	
Date of birth (month, day, year)		Gender	Race
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount	SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)		How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit	
Date of court order (month, day, year)		Name of court	
County of court		State of court	Court cause number
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of attorney (first, last, and suffix)			Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)			
Name of court			
County of court		State of court	Court cause number
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)		Name of person granted custody by court	

DEPENDENT INFORMATION			
Last name		First name	
Suffix		Middle name	
Date of birth (month, day, year)		Gender	Race
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount	SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)		How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit	
Date of court order (month, day, year)		Name of court	

DEPENDENT INFORMATION (continued)		
County of court	State of court	Court cause number
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of attorney (first, last, and suffix)		Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)		
Name of court		
County of court	State of court	Court cause number
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)		Name of person granted custody by court

DEPENDENT INFORMATION			
Last name		First name	
Suffix		Middle name	
Alias		Nickname	
Date of birth (month, day, year)	Gender	Race	Social Security number* / ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount	SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)		How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit	
Date of court order (month, day, year)	Name of court		
County of court	State of court	Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of attorney (first, last, and suffix)			Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)			
Name of court			
County of court	State of court	Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)		Name of person granted custody by court	

DEPENDENT INFORMATION			
Last name		First name	
Suffix		Middle name	
Alias		Nickname	
Date of birth (month, day, year)	Gender	Race	Social Security number* / ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount	SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)		How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit	
Date of court order (month, day, year)	Name of court		

DEPENDENT INFORMATION (continued)		
County of court	State of court	Court cause number
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of attorney (first, last, and suffix)		Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)		
Name of court		
County of court	State of court	Court cause number
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)		Name of person granted custody by court

PARTICIPANT INFORMATION FOR OTHER PARENT									
Full name of other parent (last, first, middle)					Relationship to Dependents on this application (e.g. Mother, Father, Guardian, Other)				
Alias (last, first, middle)					Maiden				
Previous					Nickname				
Last known mailing address (number and street, PO Box, rural route number, apartment, or room number, city, state and ZIP code - please include County)									
Last known street address: <input type="checkbox"/> Check here if the same. (If different, complete the information below.)									
Mailing address (number and street, rural route number, apartment, or room number, city, state and ZIP code - please include County)									
Country (If outside of US, complete the following box.)					International code				
Telephone number (home) ()		Telephone number (work) ()		Telephone number (mobile/other) ()		E-mail address			
Date of birth (month, day, year)		Approximate age range		Gender	Race	Social Security number* / ITIN		Alien Identification number	
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide)					Primary language			Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify)					Specify assistance here (i.e. Physical, Hearing Impaired, Other)				
Is the other parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of incarceration		State of incarceration		Name of Department of Correction facility		
Height		Weight			Hair color			Facial hair	
Color of eyes		Glasses			Distinguishing marks / tattoos			Other identifying characteristics	
Last known employer							Telephone number of employer ()		
Address of employer (number and street, city, state and ZIP code - please include Country)								International Code	
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired				List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)				Deployed Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete information.)				Date of death (month, day, year)		Place of death (city, county, state, country)			
Photo available of other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No									

SERVICES PROVIDED BY THE MADISON COUNTY CHILD SUPPORT DIVISION

1. LOCATION

- If a parent's whereabouts are unknown, an attempt will be made to locate a residence or an employer's address.

2. ESTABLISHMENT OF PATERNITY AND/OR CHILD SUPPORT ORDER

- If your child(ren) was born out of wedlock, the child's paternity will need to be established initially. If paternity has already been established a support order will need to be obtained through the IV-D court.

3. ENFORCEMENT

- Appropriate action will be taken to establish, modify, and/or enforce a support order against the child(ren)'s parents. Enforcement methods may be either judicially or administratively and may include:
 - a. Income Withholding Order/Wage Garnishment
 - b. Body Attachments/Court Action
 - c. Credit Bureau Reporting
 - d. Intercept of State and/or Federal Tax Returns
 - e. Motor Vehicle Liens/ Property Liens/Settlement Liens
 - f. Lottery and/or Casino Winning Intercepts
 - g. BMV/DNR License Suspensions
 - h. Felony charges for Nonsupport of a Dependent Child

SERVICES NOT PROVIDED BY THE MADISON COUNTY CHILD SUPPORT DIVISION

- Dissolution of Marriage
- Custody or Visitation Issues
- Enforcement of Court ordered payment of unpaid medical bills, attorney's fees, or property settlement agreements
- Tax Exemption Determinations

DESCRIPTION OF APPLICANT'S RESPONSIBILITIES

1. At the time of turning in an application for services the Custodial Parent must provide the following:
 - a. Copies of all Indiana Court Orders or Certified Copies of ALL out of State Court Orders, Dockets, Pay Histories. (Should you encounter a problem obtaining the certified copies please advise our office when turning in the application).
 - b. Absent Parent's Social Security Number, Date of Birth, most recent address and employer if known.
 - c. Affidavit of Direct Payments must be executed. If no direct payments have been received you are still required to fill out this document and indicate the amount as zero dollars.
 - d. A \$25.00 money order made payable to the Indiana State Child Support Bureau is required unless you or your child are a recipient of Medicaid. No personal checks or cash will be accepted.
 - e. A completed application
 - f. Copies of all child(ren)'s birth certificates and paternity affidavit
 - g. Copy of child(ren)'s Hoosier Health Wise Card (if applicable)
 - h. Copy of child(ren)'s Social Security Card
 - i. Copy of child(ren)'s Health Insurance Card
 - j. Copy of the Custodial Parent's Driver's License/State Identification
 - k. Any other information that is deemed necessary by this office
2. After the Application is turned in to this office, the Custodial Parent agrees to:
 - a. Report all changes that may affect your case, these changes include: new address, new employer, modification of custody (provide appropriate documentation), etc.
 - b. Complete all documents as requested and required by the program within the time frames set forth by this office.
 - c. Appear upon notice at the Child Support Division Office or Court Proceedings.

Dated _____

Signature of IV-D Applicant _____

MISCELLANEOUS INFORMATION ABOUT OUR OFFICE

1. Our Office by law represents the State of Indiana and your child(ren)'s best interest. We are not your personal attorney. This means that in the event of a conflict between your interests and those of the State of Indiana, this office will resolve the conflict in favor of the State's interest.
2. All child support payments must be made through the Clerk of the Court or the State Central Collection Unit. No direct payments are to be made or accepted.
3. A non-public assistance case can be closed by a WRITTEN request of the applicant or at the prosecutor's request.
4. As a condition of receiving Public Assistance, support payments will be redirected and retained by the State.
5. If payments become delinquent for a period of at least thirty (3) calendar days you may contact our office.

TITLE IV-D ADVISEMENT

I, the undersigned custodial parent or custodian, acknowledge that the Madison County Prosecutor's Office, Child Support Division is an agent of the State of Indiana and the Indiana Division of Family and Social Services Administration. I understand that they do not and cannot serve as a private attorney to me or any other custodian. I acknowledge that the function of this office is to promote and protect the best interests of children and the State of Indiana at large and that these interests may conflict at times with my interests, opinions, or desires.

I further understand that the Deputy Prosecuting Attorney does not represent any parents or custodians, but is merely providing child support services under Title IV-D of the Federal Social Security Act. I acknowledge that pursuant to Federal and State Laws, the Madison County Prosecutor's Office, Child Support Division shall provide four (4) basic services:

1. Location of Absent Parents;
2. Establishment of Paternity and other Child Support Orders;
3. Enforcement of Support Orders according to the Child Support Matrix constraints;
4. Modification of Child Support Orders.

Furthermore, I acknowledge that the Madison County Child Support Division cannot provide me with representation with regard to visitation, custody and/or property settlement. I am aware of the fact that, pursuant to the mandates of Title IV-D of the Social Security Act, the Child Support Division is not allowed to become involved in matters with regard to child custody, visitation, or property settlement. I am aware that I may consult with a private attorney or legal service agency concerning those issues.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in the Child Support Division and information provided to me is not protected by the attorney-client privilege.

ACKNOWLEDGEMENT

I acknowledge that I have read the above and fully understand the contents of this notice and the nature of my relationship with the Madison County Prosecutor's Office, Child Support Division and its representatives.

Date

Signature of IV-D Applicant

AGREEMENT OF RESPONSIBILITIES

I, _____, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ✓ I understand and agree that the Prosecuting Attorney and Staff are in no way my private counsel.
- ✓ I understand and agree that the Prosecuting Attorney and Staff work on behalf of the best interest of my child(ren) and that the State of Indiana.
- ✓ I understand and agree that the Prosecuting Attorney and Staff will have sole decision making powers in regard to enforcement actions on my case.
- ✓ I understand and agree that the Prosecuting Attorney and Staff at most will charge a one-time filing fee of \$25.00. All action on my case after that fee is free of cost to me, yet funded by the taxpayers of the State of Indiana.
- ✓ I understand and agree that enforcement, particularly when there may be another state involved, can and will take months, if not years to become effective.
- ✓ I understand and agree that if I am verbally or physically abusive to the Staff, continuously use obscenities, etc., the Child Support Division reserves the right to close my case at their sole discretion.
- ✓ I understand and agree that it is my responsibility to provide as much information as I can about the absent parent.
- ✓ Most importantly, I understand and agree that the Child Support Division and I are a team working together for the best interest of my child(ren). I agree to provide whatever information or documentation that maybe required for enforcement of my case.

Date

Signature of IV-D Applicant

ADDITIONAL QUESTIONS

1. Has there been a history of domestic violence between you and the noncustodial parent?
If so briefly describe.
2. Is there an active Protective Order protecting you from the noncustodial parent?
3. If there is an active Protective Order please provide the cause number and attach a copy of the order to this application.
4. Has there ever been any police reports filed against the noncustodial parent:
5. Has there been a history of child abuse between the children and the noncustodial parent?
6. Have any incidents of child abuse been reported to Child Protective Services?
7. If so, list the dates of abuse and the County in which it was reported.
8. Other pertinent information.

INFORMATION ABOUT INTERSTATE CASES

The Uniform Interstate Family Support Act (UIFSA) provides for enforcement and establishment of support orders across state lines. It is a very complicated process and may involve any or all of the following steps:

1. The absent parent must be located and the address verified before the UIFSA process can be initiated, no exceptions.
2. If there is an order in effect, three (3) certified copies of the order, payment history, and docket must be obtained. If the order is from Madison County our office will already have access to it, if it is an order from another county you may be required to obtain these documents.
3. A General Testimony and/or Paternity Affidavit (if no order exists) may be necessary to initiate your case. You will be required to schedule an appointment with your caseworker to fill out these documents. If you do not schedule an appointment or fail to keep the appointment our office reserves the right to close your case or sanction your benefits if applicable.
4. Petitions are forwarded to the State where the other parent resides. It is processed by a statewide Central Registry before being forwarded to the actual county or town where the other parent resides.
5. The Child Support Program and Court where the other parent resides will assume responsibility for enforcement. CAUTION: All proceedings in another state will be governed by their laws and their time frames.
6. All payments will be paid to the Clerk's Office where the other parent resides. These monies will then be forwarded to the Indiana State Central Collection Unit and distributed accordingly.

NOTES

- Enforcement can take between six (6) months and two (2) years after the enforcing jurisdiction receives the petition.
- After the petitions are sent please allow three (3) months before you make a status request of your caseworker.
- If our office is unable to locate the other parent you will be informed.
- State states may not enforce the following requests:
 - a. An order for support after the child reaches eighteen (18) years old, or
 - b. An arrearage owed from the original order after the child is legally emancipated.
- ✓ Our office has one (1) caseworker dedicated specifically to the UIFSA caseload. The telephone hours for this position are: Monday, Tuesday, and Wednesday from 8:00am-12:00pm.

STATE OF INDIANA)
)SS:
MADISON COUNTY)

IN THE MADISON COUNTY CIRCUIT COURT
2013 TERM
CAUSE NUMBER _____

PETITIONER

VS

RESPONDENT

AFFIDAVIT OF DIRECT PAYMENTS

Comes now the Affiant, _____, and after having been fully sworn upon his/her oath, depose and states:

1. The Petitioner/Respondent has paid me a total of \$ _____ in direct payments between the dates of _____ and _____.
2. I will not accept any further direct payments of child support from the Petitioner/Respondent.

Affiant

Subscribed and sworn before me, a Notary Public, in and for the said County of Madison and the State of Indiana.

My Commission Expires

NOTARY PUBLIC

County of Residence

Recommended for Approval: _____

Examined, Ordered, Approved : _____

Not Approved, Hearing Scheduled to Obtain Testimony/Verification of this Information: _____

Hearing Date/Time: _____

MICHAEL WITHERS, IV-D COMM.
Madison County Circuit Court, Div. _____

JUDGE
Madison County Circuit Court, Div. _____

DISTRIBUTION: rjo/file/IV-D/Clerk/Petitioner/Respondent

OFFICE OF RODNEY J. CUMMINGS (000-66)
MADISON COUNTY PROSECUTOR'S OFFICE
CHILD SUPPORT DIVISION
16 EAST NINTH STREET, BOX 6
ANDERSON, IN 46016
TELEPHONE: 765/641-9609
FACSIMILIE: 765/648-1366

SECTION A:**FINANCIAL DECLARATION**

Date: _____

Case No.: _____

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

County _____

Persons living with you for whom you are LEGALLY responsible:

Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other persons presently supported by you under any Court or administrative order:

Name	Address	Relationship	DOB	Amt. of	Payment	Type of
support	freq.	oblig.				
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Spousal support if received. Date of order and Court: _____

Amount: _____ Per: _____ To/From: _____

CURRENT EMPLOYER

Current Gross	Type:	Frequency	Total Income Monthly	Occupation:	months:	over last 12
Income:						
\$ _____	_____	_____	\$ _____ per _____	_____	_____	\$ _____

Employer Name: _____ Phone Number: _____ Start Date: _____

OTHER EMPLOYER/INCOME (for second job, etc.)

Gross	Type:	Frequency	Total Income Monthly	Occupation:	months:	over last 12
Income:						
\$ _____	_____	_____	\$ _____ per _____	_____	_____	\$ _____

Employer/Income: _____ Phone Number: _____ Start Date: _____

Amount Received: per Month
INCOME: List all other sources on a monthly basis.

Disability:
Unemployment:
Retirement:
Social Security:
VA Benefits:
Trust Fund or Annuity:
TANF:
Workman's Compensation:
Other:

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL INCOME:

\$ _____

EXPENSES: List on a monthly basis.

Amount Paid: each Month

Groceries:
Clothing:
Rent/Mortgage:
Work Related Child Care Expenses:
Extraordinary Healthcare:
Education:
Utilities:
Telephone:
Car Payment/Transportation:
Health Insurance:
Life Insurance:
Auto Insurance:
Medical:
Credit Cards:
Loans:

\$ _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL EXPENSES:

\$ _____

Child Care Information:

Provider: _____ Child's Name: _____ Amount Paid: _____ Frequency: _____

_____ \$ _____
_____ \$ _____

Health Insurance:

1. Is health insurance available at your place of employment?

____ Yes ____ No

2. Do you have a health insurance policy? ____ Yes ____ No

If yes, state the beginning date for dependent coverage: _____

Policy Number: _____ Type of Coverage: _____

Name of Insurance Company: _____

Name of person(s) covered: _____

3. Is health insurance available through other groups or organization or your union? ____ Yes
____ No If yes, what group? _____

SECTION B:
PROPERTY AND RESOURCES:

1. Do you own in whole or part any of the following? (Please indicate how much, if partially owned)

Real Estate:

(Land or Building) ☐ No ☐ Yes Fair Market Price: Location:

\$ _____
\$ _____

Amount owed on Property:	Mortgages:	Is property income producing?	Amount of profit per year:
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____ Yes	\$ _____
<input type="checkbox"/> No			

Amount owed on Property:	Mortgages:	Is property income producing?	Amount of profit per year:
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____ Yes	\$ _____
<input type="checkbox"/> No			

2. Motor vehicles, campers, boats and farm equipment:

Year, Make, Model: License Number: Amount Owed: Lien Holder:

_____ \$ _____
_____ \$ _____

3. Other Assets: ☐ No ☐ Yes (Explain)

4. Bank Accounts: ☐ No ☐ Yes (Explain)

Name and location of bank or credit union: Type of Account Balance:

Account: Number:

_____ Savings _____ \$ _____
_____ Checking _____ \$ _____

_____ Savings _____ \$ _____
_____ Checking _____ \$ _____

5. Stocks or Bonds

Signature: _____ Date: _____

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